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ABSTRACT

Hearing before the Senate Special Committee on Aging was held to consider the need for funds to provide professional training in the field of gerontology as authorized under the Older Americans Act. Provision for special skills training was made under title IV of the Act but no funds were included for it in the 1975 and 1976 budgets. A statement by Arthur S. Flemming, Commissioner, Administration on Aging, discussed plans for allocating fiscal year 1975 gerontology training funds. Other statements by various training specialists included requests for continuation of funding for regional short-term gerontology training centers and for long-term higher education training programs. The appendix contains submitted statements and a survey of State use of title IV-A of the Older Americans Act. (MF)

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TRAINING NEEDS IN GERONTOLOGY

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HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

NINETY-FOURTH CONGRESS

FIRST SESSION

PART 3—WASHINGTON, D.C.

MARCH 7, 1975

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Training Needs in Gerontology:
Part 1. Washington, D.C., June 19, 1973.
Part 2. Washington, D.C., June 21, 1973.
Part 3. Washington, D.C., March 7, 1975.

(Additional hearings anticipated but not scheduled at time of this printing.)

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TRAINING NEEDS IN GERONTOLOGY

FRIDAY, MARCH 7, 1975

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to notice, at 10 a.m., in room 4232, Dirksen Senate Office Building, Hon. Lawton Chiles, presiding.

Present: Senators Chiles and Bartlett.

Also present: William E. Oriol, staff director; Deborah K. Kilmer, professional staff member; John Guy Miller, minority staff director; Margaret Fayé and Gerald Yee, minority professional staff members; Patricia G. Oriol, chief clerk; Gerald Strickler, printing assistant; and Joan Merrigan, assistant clerk.

OPENING STATEMENT BY SENATOR LAWTON CHILES, PRESIDING

Senator CHILES. Today the Committee on Aging continues its hearings on "Training Needs in Gerontology."

Hearings were held in 1973 as a result of the administration's failure to provide for training for aging under the Older Americans Act in their budget request for fiscal year 1974. Since that time, the administration has failed to request specific funds for training under title IV–A of the act in their budget requests for fiscal years 1975 and 1976 and, furthermore, has proposed to rescind the $8 million appropriated by Congress for training in aging for fiscal year 1975.

Lack of these funds would seriously jeopardize ongoing programs across the country which have supported both long- and short-term training in aging with the aid of title IV funds. Such programs have helped to narrow the wide gap which exists between the ever-growing number of services for the elderly and the very small number of trained personnel in the field.

Whether the training is focused on career orientation or providing skills to provide services, training is critical in determining the quality of service and care to be provided to older Americans.

The administration's reluctance to earmark specific funds for training in aging falls in line with its philosophy of eliminating as many categorical training programs as possible.

Alternatives to categorized training or general student aid programs are suggested as resources for supporting many of the categorized training programs that have existed in the past. But it is this committee's contention that basic opportunity grants, college work/study programs, and the like, fall short by far in supporting the necessary faculty, student, and program costs that are needed in the field of gerontology.

Trained Professionals Necessary

The study of aging has not received the exposure that many major disciplines within university curriculums have enjoyed. Therefore, it is necessary to continue to support and expand the programs under the Older Americans Act which explicity provide for the training of professionals in the field of gerontology.

Title IV–A funds are also used for the support of inservice or short-term training in aging. Specifically, the funds support the training of those personnel and staff who work with the planning, development, administration, and delivery of services to the aging.

Such services most often those provided under title III area agencies on aging and title VII nutrition programs, require special skills in order that the service be planned and delivered in an efficient and effective method.

Such skills can be learned only through appropriate training such as provided under title IV. The actual service programs' budgets are so limited that to extract training costs from them is almost impossible and most impactical. Therefore, it is vital that funds for short-term as well as long-term training be provided for under title IV of the Older Americans Act.

Today's hearing will explore both the needs of short-term and long-term training and the administration's plans to administer such programs. We hope to discuss with Commissioner Flemming the administration's directives on how the $8 million for fiscal year 1975 will be distributed, as it is expected that the administration's proposal to rescind such funds will not be approved.

Second, we will discuss the administration's budget request for fiscal year 1976 and question the administration on how it expects to support such necessary training with no budget request under the Older Americans Act. And, finally, we will hear from practitioners in the field who work with long- and short-term training programs and explore their recommendations for future support for their programs.

We will begin by welcoming the administration's testimony. Commissioner Flemming, welcome to the committee.

STATEMENT OF HON. ARTHUR S. FLEMMING, COMMISSIONER, ADMINISTRATION ON AGING, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Commissioner Flemming. Thank you very much, Senator Chiles. I am very happy to have the opportunity of appearing before this committee again to discuss an important area in the field of aging.

The President, as a part of his program to combat inflation, has recommended to the Congress that the appropriation levels for a large number of programs, including aging, be kept at the levels of the proposed 1975 budget as submitted to the Congress.

As you know, the proposed 1975 budget did not contain any proposal for funding training programs under title IV, part A, of the Older Americans Act, as amended.

Therefore, there was included in the President's rescission message a proposal to rescind the funds appropriated by the Congress for

this purpose, and no funds were included for title IV, part A, in the proposed 1976 budget.

The committee, through Senator Chiles, has requested that I explain how the $8 million for fiscal year 1975 will be obligated if the rescission is not approved.

During fiscal year 1974 the $9.5 million appropriated for title IV, part A, was allocated as follows:

One: Career training programs in educational institutions were allocated $3,617,296.

Two: State programs for training of personnel employed in aging programs were allocated $3,999,635.

Three: Allocations for support of training conferences, development of training materials, and pilot training projects amounted to $1,863,171.

If the $8 million included in the HEW-Labor appropriation bill for 1975 becomes available, it will be apportioned in approximately the following manner:

One: Career training programs in educational institutions will be allocated $3.5 million.

Two: State programs for training of personnel employed in aging programs will be allocated $3.5 million.

Three: Allocations for support of training conferences, development of training materials, and pilot training projects will be made in the amount of $1 million.

I would like to discuss at this point plans for the allocation of funds for career training programs in educational institutions.

During the 1974–75 academic year, support is continuing to be provided to 37 training programs in 34 institutions of higher education: 10 programs have received support for more than 5 years or more; 8 have been funded for 4 years; 17 have been funded for 3 years; and 2 have received support for 2 years.

Eight programs are in operation at minority institutions or institutions with programs specifically focused on minority students.

In inviting institutions of higher education to submit proposals for the academic year 1975–76 we would indicate that special consideration would be given to proposals that meet the guidelines from institutions where support has been provided through the Administration on Aging for less than 5 years. Twenty-seven of the existing programs could qualify for priority consideration under this criterion.

In addition, we would expect that some of the institutions that have received support for 5 years or more would submit very competitive proposals.

In the consideration of all proposals, special consideration would be given to institutions which reflect a strong institutional commitment to provide support for programs in the field of aging.

State Training Programs

Next, I would like to indicate how we would deal with the State programs for training of personnel employed in aging programs.

An amount would be reserved for each State—the amount to be determined by applying the basic principles in the formula in-

corporated in title III—against which a project proposal would be developed by the State and submitted to the Administration on Aging.

The instructions to the States would specify that the proposals should provide for spending not less than 50 percent of the total for service areas where there are area agencies on aging.

Generally, we would anticipate these proposals would be for the support of courses offered in the late afternoon and evening and on weekends by educational institutions in a service area or by extension divisions of postsecondary institutions that are capable of serving the service areas.

Proposals could also call for the utilization of postsecondary institutions or other types of training institutions to meet the needs of more than one service area.

Proposals from the States would be required to show that area agencies on aging had concurred in those portions of the proposals which related to their respective service areas. The State agencies on aging would include in their proposals plans for the service areas where an area agency on aging had not yet been designated.

In order of priority it is expected that proposals from the States would address the training needs of the following groups:

Staff of area agencies on aging, State agencies on aging and nutrition projects; staff of public and private agencies engaged in the delivery of services to older persons; and older persons who desire to receive training that will enable them to engage in the delivery of services to older persons.

Up to 50 percent of the total included in the State proposals could be used for contracts or grants designed to provide technical training by utilizing such methods as short-term institutes, and for assisting educational institutions within service areas in the development of course content.

Finally, I would like to refer to our plans for allocation of support for training courses, development of training materials, and pilot training projects. I refer to the $1 million that I mentioned earlier.

The funds allocated for this purpose generally would be used to fund unsolicited proposals. High priority would be given to proposals designed to strengthen the aging network established under titles III and VII of the Older Americans Act, as amended.

In conclusion, Senator Chiles, I appreciate the opportunity of outlining these plans, based on the assumption contained in your letter and reinforced in your statement.

If the plans are implemented, I would be happy to provide the committee with the timetable that we will follow. Obviously we will have to develop that timetable on the basis of what action is taken by the Congress.

Senator Chiles. Thank you for your statement, Commissioner Flemming. I know the avowed purpose, of course, of OMB would be to save money, which would be in effect trying to save money.

I wonder if you have any idea of what this is costing your Department; I don't know what it is costing the Congress. When we first passed the Older Americans Act, we set the title and provided that certain things would be done under title IV, and then the administration does not appropriate funds for those, or decides not to.

Congress puts in the funds—$8 million. The administration rescinds the funds, and Congress overrides the rescission, and the next year the administration does not put in the funds again.

Congress puts in the funds, the administration rescinds the funds' decision, and I wonder what that is costing. I wonder if the OMB, which I understand generally has an operative in most of the agencies—I wonder if the operative in your agency understands what this is costing your budget, and your time: this charade is costing us a lot of time, and I wonder if they ever get the message that we are gong to see this is funded.

Commissioner FLEMMING. Senator Chiles, I do not know whether OMB has addressed itself to that cost factor or not.

I have been in and out of Government over a considerable period of time, and this experience, in coming to the Appropriations Committees on rescissions, is a brandnew experience.

I am glad to have the opportunity of observing it in action. The executive branch, over a considerable period of time, has impounded funds. When I first began to serve as Secretary of HEW, the first argument I had with the then Budget Bureau was over a proposal to, in effect, impound some funds that had been appropriated for the National Institutes of Health. I happened to win that argument, but I have also lost some. I think the new law is an improvement.

Senator CHILES. We have added one more factor in our trip around the mulberry bush, in that we have now put the impoundments in rescission. It used to be you just left it out of the budget, or when your budget came up, it would be left out, and we put it in, but now in addition to that, we have a recession, so we have one more step we have to go through.

Maybe that means I will get to see you, and I enjoy your company; I will get to see you, once again, as often as I saw you in the past.

The administration has requested no funds for training in their fiscal year 1976 budget. Could you describe how the Administration on Aging is planning to support the long-term training programs which are now operating under the Older Americans Act funds?

Commissioner FLEMMING. Well, obviously if no funds are appropriated for this purpose in 1976, we would not be in a position to provide any support.

Some of our other programs would provide some indirect support, but in terms of direct support, we would not be in a position to provide it.

Senator CHILES. So as far as direct support for long-term or short-term training, there just would not be any funds to provide?

Commissioner FLEMMING. That is correct. That is the fact of life.

Senator CHILES. And we would still be channeling a lot of dollars, but we just would not be providing any direct-support training for many of these experts and professionals that would be administering these programs?

Commissioner FLEMMING. It is clear that we certainly would be continuing to allocate funds, at least equal to what is being allocated at the present time. But, again, depending on what action is taken on other items in the field of aging in connection with the rescission process, we would be allocating increased sums.

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Senator CHILES. In your testimony, you did not indicate any support for the regional training centers. Can you tell me what the administration's position is for supporting such regional training centers in the future?

Commissioner FLEMMING. The approach that is reflected in the statement that I made is based on the fact that under the Older Americans Act, as amended, we regard the State agencies on aging as the managers of the program. We feel that, as managers of the program, they should have funds available that can be utilized for training purposes.

COOPERATION AMONG STATES

We will not place any restrictions on the proposals that will be submitted by the States which would stand in the way of two or three or more States deciding that the best way to spend their training funds would be to cooperate with, or enter into arrangements with, a regional training center. This situation varies from one part of the country to another. There are some parts of the country where probably it would appeal to the States to work out an arrangement with a regional training center to deal with their common needs.

There are other parts of the country where that would not be feasible or practical. When the States develop their proposals, however, they will be free to present the proposals that would involve tying in with regional training institutions.

Senator CHILES. Over the past year there has been considerable confusion regarding the coordination of long- and short-term training programs throughout the country.

Is the Administration on Aging developing any long-range plan which would aid in developing a more effective, productive training program?

Commissioner FLEMMING. Senator Chiles, I feel that the plans I have outlined for the coming academic year would definitely move in that direction.

First of all, the programs in educational institutions which are designed to provide persons who are coming into the field of aging with long-term training are pretty well established. We feel that by and large these educational institutions have done, and are doing, a good job within the limits of the resources that have been provided.

As I indicated, 27 of the programs that are now being financed would be given priority consideration as far as financing for the coming academic year is concerned. This would be on the basis of the fact that they had received financing for less than 5 years.

As far as the other allocations are concerned, they would be made on a competitive basis. I recognize, however, that those institutions that have had support for 5 years or more will undoubtedly, in most instances, be able to come in with some very strong proposals.

The plans for considering proposals from the States are plans which are based on the feeling, on our part, that we should do everything we can, within existing resources, to provide what you in your statement very appropriately referred to as inservice training opportunities for State agency personnel, area agency personnel,

personnel associated with nutrition projects, and personnel engaged in the delivery of services to older persons.

As a result, I think that we are moving in the direction indicated by your question. We will try to provide, as we put out a request for proposals to educational institutions and to the States, the kind of leadership that will help in the evolution of a long-range training policy.

We will also continue to look forward to having input from the educational institutions that are committed to this field as well as from State agency executives.

Senator CHILES. Thank you.

Senator Bartlett?

Senator BARTLETT. Thank you, Mr. Chairman. Commissioner Flemming, what, in your opinion, is the most important educational program, at the 4-year college level, in the area of aging that needs attention——

Commissioner FLEMMING. What is the most important?

Senator BARTLETT. The most important educational program that needs attention, that needs changing, or needs to be broadened, or more people should be interested in?

Commissioner FLEMMING. Senator Bartlett, I feel we are confronted with a both/and situation.

I feel it is important to make it possible for educational institutions to introduce programs, particularly at the graduate level, that will provide training for persons who hopefully are going to be leaders in the field of aging when they finish their programs. These programs sometimes are 1-year programs, sometimes they are 2-year programs, and sometimes they may be for a longer period of time.

INSERVICE TRAINING OPPORTUNITIES

At the same time, I think it is important for us to do everything we can, within the resources that are made available to us, to provide inservice training opportunities for people who are right now working in the field of aging.

As you know, we have established this new network in the field of aging within the past year.

This has made it possible for State agencies on aging to recruit quite a number of additional persons, and, of course, all of the area agencies on aging find it necessary to recruit people to carry on their work.

The 665 nutrition projects find it necessary to recruit people to carry on their work, and then through the grants that are made, additional opportunities are provided for private and public organizations to become involved in the delivery of services to older persons. They have to recruit people to deliver those services.

I think it is very important for us to provide inservice training opportunities for the people who are working with the nutrition projects, with the State agencies, with the area agencies, and those who are engaged in the delivery of services to older persons.

I suppose, if pressed, I could establish a priority between those two areas, but I really feel it is both/and, and it is important for us to move forward in connection with both types of programs.

Senator BARTLETT. Mr. Chairman, if I could ask one final question. In the area of long- and short-term training programs throughout the country, is the Administration on Aging developing any new plans, or any new long-range plans, which would aid in developing a more effective and practical training program?

Commissioner FLEMMING. Well, one of the assignments given to us under the Older Americans Act is to get into operation a continuous process of evaluating demand and supply in the area of manpower, as far as aging is concerned. We have entered into arrangements with the Bureau of Labor Statistics to develop, for our consideration, a blueprint for a continuing action program that would enable us to have, and for educational institutions to have, sound estimates as to both supply and demand. They have just about completed the development of this blueprint for us. I understand it will be available to us in a couple of months, and that means that as we move into fiscal year 1976, we will begin to implement that blueprint. With that kind of basic information, all of us will be able to do better planning in the field of training—we will be able to develop more effective and practical training programs.

Senator BARTLETT. Commissioner Flemming, thank you very much. Mr. Chairman, thank you.

Senator CHILES. Does the administration have any method for evaluating training programs?

EVALUATION OF PROGRAMS

Commissioner FLEMMING. We are in the process of launching a program for evaluating the programs that are carried on in the educational institutions. During 1976, we will certainly develop a plan for the evaluation of the programs that are carried on as a result of allocation of funds to the States. The latter programs have not been operating long enough to enable us to make a sound evaluation.

We definitely feel that both types of programs should be subject to evaluation, and that we should use some of our evaluation funds for that purpose.

Senator CHILES. The following is a question that Senator Tunney wished to ask. He was not able to be here this morning.

As you know, the Senate added $9 million to the Administration on Aging title III program in the fiscal year 1975 Labor-HEW appropriations bill.

When the bill was considered by the Senate on September 16, 1974, Senator Magnuson, the chairman of the Labor-HEW Appropriations Subcommittee, and Senator Tunney discussed the intent of this add-on.

Senator Magnuson made it very clear that the Senate intended at least $1 million be used to strengthen legal representation for older Americans.

This Senate increase was accepted by the House and Senate conferences without further comment about the $1 million, thus leaving the Senate legislative history to control the use of the $9 million.

I would appreciate your telling us how you are carrying out the intent that at least $1 million be used to strengthen legal representation for older Americans.

Commissioner FLEMMING. Senator Chiles, of course that $9 million is also before the Congress at the present time. It is one of the items proposed for rescission.

If the Congress does not concur in the rescission of the $9 million, we will be in a position to allocate some of it to the States in connection with the title III programs.

As Senator Tunney's question indicates, the apparent intent was that we should allocate $1 million to strengthen legal representation for older persons. We will certainly respect the legislative history relative to the $1 million.

I am not, however, making any commitment as to the type of legal services for which we would provide grants. That will have to be determined on the basis of proposals that may be submitted to us.

Senator CHILES. Thank you, Commissioner, and we thank you for your testimony today.

Commissioner FLEMMING. Thank you very much. It was nice to be here.

Senator CHILES. Our next witnesses will be a panel. Rodney Leonard, executive director, Community Nutrition Institute, Washington, D.C., accompanied by Robert Curry, director, services division, Community Nutrition Institute, Washington, D.C.; Dr. Gerald Eggert, director, New England Gerontology Center, Durham, N.H.; Sean Sweeney, director, Bureau of Education and Training, Office for the Aging, Harrisburg, Pa.; and Maryanne Staton, director, title VII training, Oregon State University.

STATEMENT OF RODNEY LEONARD, EXECUTIVE DIRECTOR, COMMUNITY NUTRITION INSTITUTE, WASHINGTON, D.C.

Mr. LEONARD. Thank you. Mr. Chairman, and members of the committee, I am Rodney E. Leonard, executive director of the Community Nutrition Institute. With me are Maryanne Staton, director of title VII training, Oregon State University; Dr. Gerald Eggert, director, New England Gerontology Center; Sean Sweeney, director of training, Pennsylvania Office for the Aging; and Robert C. Curry, director of training, Community Nutrition Institute.

We represent a panel of agencies and organizations testifying in support of funding for title IV, part A, of the Older Americans Act. Our statements are short. We will be brief, and will complete our presentation in 20 minutes.

We are here to support the use of these funds for training, particularly short-term training.

Mrs. Staton, Dr. Eggert, and myself represent agencies which have provided short-term training to title VII projects, State agencies, and area agencies on aging for the past 2 years. Dr. Eggert will describe that experience in more detail.

Sean Sweeney represents the State Association of Training Directors and will describe briefly the State agency view on short-term training.

Robert Curry is the training director of CNI and has recently completed a new training manual as part of a cooperative effort with the other training centers. He will make a brief presentation on the concept of short-term training.

We believe that short-term training has played an instrumental role of the successful start of title VII programs, and will continue to be a process through which AoA and State aging agencies will transmit program goals and program objectives and transfer operational, organizational, and administrative skills required for effective program management.

We have, in addition to the brief statements we present orally, prepared arguments relating to short-term training which we wish to present for the record, with your permission.

Senator CHILES. Without objection, the longer prepared statements will be included in the record.

Mr. LEONARD. Mr. Chairman, we will start off with Mr. Curry, to give the committee an overview of short-term training, and follow with Dr. Eggert, and Mrs. Staton will follow, and then Sean Sweeney will conclude our testimony.

STATEMENT OF ROBERT CURRY, DIRECTOR, SERVICES DIVISION, COMMUNITY NUTRITION INSTITUTE, WASHINGTON, D.C.

Mr. CURRY. Mr. Chairman, short-term training is defined as learning interventions into the working lives of individuals, which are immediately and directly helpful.

There are at least five characteristics that differentiate short-term training from long-term training; the most obvious being, it does not take a long time.

It is "short-time" training as opposed to "long-time" training.

Second, short-term training deals with the working lives of individuals in programs; therefore, it focuses principally on persons and their relationships. Long-term training, although it does not ignore people and their relationships, deals specifically and primarily with subject matter.

Third, short-term training demands a multidisciplinary emphasis. When you are working in short-term training in the field of the title VII program, you need to know the field of nutrition, the field of management, the field of gerontology—not to mention other kinds of fields. Long-term training necessarily, by virtue of its nature, is of a single-discipline emphasis.

Fourth, short-term training relates to the working lives of individuals in programs; therefore, it is almost always problem-oriented. It is the kind of training that is oriented toward the problems individuals are meeting in their working lives. Long-term training, although it does deal with problems and problem solving, is inevitably emphasizing content.

Senator CHILES. Emphasizing what?

Mr. CURRY. Content.

Short-term training success is judged on the trainees' performance on the job. That is, short-term training works within the working lives of individuals, and they must immediately involve themselves in the work effectively because of their experience in short-term training.

ACADEMIC EXCELLENCE AND PRACTICAL EXPERIENCE

Short-term combines academic excellence with practical program experience, and uses both this excellence and experience to give immediate, direct, and specific help to those involved in program administration and implementation.

Because short-term training is training that does not take a long time, it cannot afford the luxury of conceptual and theoretical development unrelated to the right-here-and-now situation.

If I am a title VII project site manager, I am interested in the physiological, psychological, and social losses of the elderly. I want to know how to relate in a helpful way to the frightened, desperate, recently bereaved, lonely, crippled with arthritis, hungry, 71-year-old man.

If I am an area agency director, I may well want to know the latest theories on planning; however, next week I must submit my plan for approval to at least three different groups: my local advisory board, the elected political officials, and the State office on aging.

How do I get it through with commitment and understanding at all levels, and get on with its implementation? The problem is immediate. The help must be immediate.

There is continuous need for long-term training and professionals in the field. There are so few.

Contrariwise, it must be clearly stated that the problems of older Americans—malnutrition, their loneliness, their being easy prey to the social ills of our day, their deteriorating physical and mental health—cannot wait for long-term training graduates to enter the field.

Their problems, and the programs this Congress has seen fit to legislate in the Older Americans Act, demand all the short-term help—call it training, technical assistance, what you will—that can be given.

Short-term training and technical assistance prepare concerned men and women in these programs to work as effectively as possible now. They may lack some academic credentials, but this lack is more than compensated for by their open compassion, eagerness to do good work, and to do good for these citizens who have done so much.

It is for them—their work and their challenge—that short-term training efforts are continually directed and so gratefully received.

Thank you, Mr. Chairman.

Mr. LEONARD. We will now hear from Dr. Eggert.

STATEMENT OF DR. GERALD EGGERT, DIRECTOR, NEW ENGLAND GERONTOLOGY CENTER, DURHAM, N.H.

Dr. EGGERT. My name is Gerald M. Eggert and I am director of the New England Gerontology Center, a program affiliate of the New England Center for Continuing Education, Durham, N.H.

The New England Gerontology Center is 1 of 10 regional short-

term training centers funded by the Administration on Aging during fiscal year 1974 and 1 of the 5 regional short-term training centers continued through fiscal year 1975.

In speaking to you today, I feel that I can represent the viewpoints and accomplishments of the five regional centers that were continued this fiscal year. In addition to the New England Gerontology Center, these regional short-term training centers include the Community Nutrition Institute, Washington, D.C.; the University of Nebraska at Omaha; North Texas State University; and Oregon State University.

These are the same regional centers that in fiscal year 1974 provided short-term training opportunities for project directors hired in conjunction with the national nutrition program for the elderly, title VII, and in fiscal year 1975 are providing short-term training opportunities for both title VII and title III personnel.

The purpose of my testimony is to review the continuing need for the type of short-term training services we are now providing; to discuss briefly what we consider to be the benefits of our work; and, finally, to emphasize that there is a concrete, definable role for the regional short-term training center in the context of a national training strategy.

In the past 2 years, regional training centers have been the major vehicle for delivering initial orientation and continuing program management training for directors of the title VII and title III programs.

In the first 6 months of this fiscal year, there has been an increase in the demand for our short-term training services by State and regional offices.

The emphasis has shifted, however, from training large numbers of new project directors to a continuing education model of further developing the program management capabilities of existing title VII, title III, and State agency personnel.

There is also a strong demand in both State and regional offices for the New England Gerontology Center to work on a variety of management and accountability problems. These tasks vary from identifying State training priorities for fiscal year 1976 to the development of a unit of service reporting system to monitor and evaluate service components funded by State agencies.

In addition, the gerontology center is developing a training curriculum for us by project directors as they work with their advisory boards, which must include at least 51 percent elderly consumers of services.

Other regional short-term training centers are developing, for national distribution, a site managers handbook, a trainers manual, and nutrition education materials.

The major benefit of the short-term training program conducted in fiscal year 1974 was the installation, on a national basis, of a service program for the elderly, title VII, with a minimum of startup problems.

The title VII program got off the ground with the combined assistance of national, regional, and State agencies on aging supported by the regional short-term training centers.

This year a benefit of our work has been increased capacity by State and local agencies to manage title VII and title III program elements. Additionally, in June 1975, the Administration on Aging will have four distinct training and technical assistance packages developed by the five short-term training centers, ready for distribution to title VII projects.

Regional Short-Term Training

A regional short-term training center is an adjunct to the regional office staff. Its primary mission is to increase the level of program management capability in State agencies, area agencies, and title VII nutrition programs.

The New England Gerontology Center has been able to work closely with the directors and staffs of the regional offices in Boston and New York. Regional short-term training centers have the added advantage of being impartial in their approach since we do not have assessment responsibilities for specific program elements.

This "third party" status enables us to assume a helping stance when we approach State agencies and local aging programs.

One must ask the question, however: Why should there be a regional short-term training program in view of AoA's continued decentralization of programmatic responsibility from Federal to State agencies? Continued decentralization of authority from Washington in no way implies that personnel at the State and local levels will automatically develop the expertise to effectively carry out increased program responsibility.

Additionally, short-term training has become so specialized in staffing that only the largest States can, by themselves, afford to assemble the necessary expertise to deliver quality short-term training.

By and large, most universities and community colleges do not have faculty or other personnel equally proficient in the methods of short-term training or familiar with the day-to-day operational aspects of title VII and title III programs. Regional short-term training centers do have staff who can deliver short-term training services oriented toward increasing the management capability of AoA service providers and planners at the State and local levels.

In conclusion, in the face of decentralization of programmatic responsibility from national to State and AAA levels, it is especially critical that a centralized regional organization be available to deliver short-term training and technical assistance. For these reasons, I urge this committee to obligate the $8 million in such a manner that shortened training services will continue to be available on a regional basis in fiscal year 1976.

I further urge this committee to appropriate at least $6 million for short-term training in the fiscal year 1976 budget, with an equitable division between State and regional short-term training allocations, to meet the pressing needs for trained manpower in the field of aging in the years to come.

Thank you for the opportunity to testify before this committee.

Mr. Leonard. Mrs. Staton will present her testimony next.

54-189—75——3

STATEMENT OF MARYANNE STATON, DIRECTOR OF TITLE VII TRAINING, OREGON STATE UNIVERSITY

Mrs. STATON. Mr. Chairman, and members of the committee, I am Maryanne Staton, director of title VII training at Oregon State University.

I am here to speak about an area in which I have deep personal and professional commitment—short-term training for aging programs—which has, as its ultimate purpose, a goal to help elderly individuals live their last years in true dignity, with as much personal satisfaction and independence as possible.

In the 2½ years I have been associated with the title VII program, we at Oregon State University have provided short-term training to over 600 nutrition project and site personnel from communities in 14 States representing an area approximately one-third, geographically, of the United States.

Oregon State has also been responsible for the writing of the *Guide* and other materials used in the operation of the program as well as for the design of the national training curriculum used for basic training of project directors.

My remarks are based upon my personal experience in preparing training materials and in working with the on-the-site people in the title VII program on a 1-to-1 basis.

AoA can be credited with great wisdom in requiring quality training for the nutrition projects. It has been exceedingly productive and instrumental in making the title VII projects use limited resources in ways which have added significantly to the health and nutritional care of older persons across the country.

A PLEA FOR SHORT-TERM TRAINING

Because the training, I believe, has played a major role in the success of these programs, I want to make a plea today for the continuance of short-term training. It should be continued with direction and support for the State offices who are charged with developing training plans.

At training centers, we have been intimately involved with the training of hundreds, or even more, of title VII project and site personnel. We have acquired an in-depth knowledge, enthusiasm, and capability with which we can relate immediately to operational tasks of title VII and to the problems which these staff persons feel as they attempt to help older persons cope with the often difficult realities of their lives.

Training centers represent a resource to carry out future training. They are a continuing, stable, thoroughly knowledgeable group of multidisciplined trainers in every region who can respond immediately and directly to specific job-related needs at the local level, and also to program objectives from AoA or State offices.

We can continue, as we have been, to provide technical assistance, training, and resource development which, because of our acquired knowledge and experience, will be maximally useful to staff delivery service to the elderly at a minimal cost.

I hope this committee will support the continuance of short-term

training. Sustaining training centers in this supportive role can increase the effectiveness of programs at the local level and maximize training moneys available for aging programs.

Mr. LEONARD. Mr. Sweeney will testify next.

STATEMENT OF SEAN M. SWEENEY, DIRECTOR, BUREAU OF EDUCATION AND TRAINING, OFFICE FOR THE AGING, HARRISBURG, PA.

Mr. SWEENEY. Mr. Chairman, my name is Sean M. Sweeney, director, Bureau of Education and Training, Office for the Aging, Pennsylvania, and chairman of the Association of State Trainers in Aging.

The Administration on Aging's long-term training program with the university has provided the Commonwealth of Pennsylvania with 24 graduates who can be identified without an intensive search.

These people are working in the following areas: 6 with the State office for the aging, 11 in the university system, 4 in the nursing home field, 2 on area agency on aging staffs, and 2 who are with the Federal region III.

We feel that these people trained in the Administration on Aging programs are providing Pennsylvania's aging programs with excellent leadership.

They are also influencing the larger human services system by providing working models in social service system planning, social policy, the integration and coordination of services and advocacy. We feel that the Administration on Aging program has provided aging with well-trained quality professionals and that the program should be continued.

The report on manpower needs in aging submitted to the committee in 1968 and revised by the committee staff in 1973 is very dated and should be revised. This was pointed out by Wilma Donahue, Ph. D., in the 1973 hearings.

The report is very narrow in the categories reported and should be expanded to reflect the total work force in aging programs. For example, the nutrition program has project directors, bookkeepers, secretaries, food service personnel, social services staff, transportation staff, and volunteers.

In Pennsylvania we have 43 nutrition projects with 294 nutrition sites. These are staffed with 167 full-time, 387 part-time, and 4,407 volunteers. Pennsylvania has 6 percent of the population 65-plus and is using 4,961 people within the nutrition program. If this is extrapolated out for the other 94 percent of the 65-percent plus population, the figure would be 82,683 persons serving the elderly in the nutrition program throughout the country. This paints a totally different picture than does the projected figure for 1978 of 3,000 nutrition project directors.

I would suggest that the committee and the Administration on Aging, when relying on the projected training needs figures presented in 1973, are only looking at the tip of the iceberg when considering total manpower and training needs.

The State trainers are concerned that the State agencies have the capability and capacity to meet the stated objectives of title I of the

Older Americans Act. To meet the objectives stated requires qualified personnel at every level of program operation. The only way to provide quality services and quality care is to have a well-trained paraprofessional and professional staff.

Consequences of Training Shortcomings

We are already hearing stories of food poisoning in nutrition projects because the sanitation training has not been provided or standards of quality have not been set. We have stories of bus drivers being rude to older people when they should be helping. We have stories of intake workers at social service offices being rude to older people and giving them the bureaucratic shuffle.

It is ironic that in most occupations the people providing the service or meeting the public have the greatest need for training, but in most cases receive the least.

Long-term training produces a few qualified professionals to provide program leadership. The target population for short-term training is the large bulk of personnel providing direct services in these programs—paraprofessionals and volunteers with neither the opportunity nor the incentive to obtain long-term training.

The short-term training needs to be in support of a strong inservice training program and should not, nor should it be expected to, stand by itself.

Professionals are constantly aware of changes, new techniques, and methods, that are occurring in their field and seek to upgrade themselves.

The paraprofessionals are receptive and desire training, but in most cases are not provided the resources or opportunities to receive it.

There has generally been a lack of short-term training support for Older Americans Act programs from the long-term training centers. There have been a few exceptions, but in general they are not responsive to program training needs either in terms of programs or training materials.

The primary function of these centers is to train students and conduct research, both valid functions which could be relevant to the operational programs in the States. In the past, such relevance has usually not existed because long-term training centers have had little contact with the nonacademic environment of administrative agencies and service programs.

The research and curriculums of the long-term training centers should become more responsive to the training and research needs of the State and local communities. The training needs of the majority of Older Americans Act programs must be met through short-term training programs at the local level. This training can be provided using local resources and at minimal cost.

This—1974—was the first year that funds for training were given directly to the State agencies. This was the first year that States could purchase training specifically designed for its needs. These funds have been utilized as intended and for higher quality programs than has been suggested by other groups. I would state that the strategy or leadership for the use of these funds was sadly lacking.

It is important that State funds be continued to insure the provision and consistent quality of short-term training programs.

The regional short-term training centers developed to train personnel working in Older Americans Act programs have provided excellent training, consultation services and training materials that can be used by State and project trainers. They have been and are responsive to our immediate short-term training needs. I should add that this is their stated purpose. Some form of continuation model for this valuable service should be considered.

Thank you.

Senator CHILES. Thank you. We have a live quorum, which means this is probably preceding a vote, and I may have to leave momentarily.

I wonder if you could describe what type of short-term training is most solicited by the practitioners you serve. Is there some consensus on that?

Mr. CURRY. I did not hear you.

Senator CHILES. What type of short-term training is most solicited by the practitioners that you serve?

TYPES OF SHORT-TERM TRAINING

Mr. CURRY. It seems to me there are three kinds. They need an immediate type of problem-solving help, for one. How can we solve the problems of the local regulations, such as those concerning sanitation in food preparation? They want some serious help in practical management.

Second, the directors want help from the whole field of management. Third, and Maryanne was telling me this, and I had confirmed before we walked in here this morning, that many of them are asking for help in simply understanding the aged and the aged person.

Those three areas, and along with that, comes the question of how to relate all the programs at both the Federal and State level to aging services.

Mr. LEONARD. There are nine areas where support for short-term training is needed by both local projects and area agencies, and by State agencies. They relate primarily to the organization, operation, and administration of the service delivery that local projects and area agencies are being asked to provide.

Senator CHILES. Thank you. I thank the panel very much. We may want to submit several questions to you in writing.

[The prepared statements of Robert C. Curry and Mrs. Maryanne Staton follow:]

PREPARED STATEMENT OF ROBERT C. CURRY

In its beginnings, no one knew for sure whether the Title VII Nutrition Program for the Elderly would succeed, but one thing was certain: Title VII was new. Never before had the federal government provided a program officially bearing in its title the word "Nutrition". Others had suggested forcefully that malnutrition among the elderly was one of the more ignored social diseases, but it was the Title VII Nutrition Program for the Elderly that intimately related eating together and nutrition as a solution. The result—congregate meal sites for the elderly established all over the country.

But it was not enough to provide a balanced meal once a day in a social setting. That was only the beginning. The Title VII Program for the Elderly included a complex and vital social service element. Not that all services would be provided, but certain services had to be available, such as out-reach to find and inform the poor and minority elderly, and transportation and escort services to get them to the congregate meal sites. Nutrition education, and shopping assistance would be needed to support the elderly in better and more nutritious food habits. But most significant, an information and referral service would insure that the social services in the community could be made available to help the elderly in need.

Such a complex program was to be operated by local communities across the country. Combining a restaurant operation—a daily food service system—and a social action program with the target population being the older American, particularly the poor and minority was asking a great deal. In fact, from the Report on title IV Pilot Programs—precursors to the title VII Program—the issue was discussed in these terms:

"It is clear . . . that the administration of a nutrition program, of the type outlined under Title VII, requires skilled professional and administrative staff. As emphasized (throughout this report) the operation of a nutrition project is a very complex and specialized task . . . The Congress has indicated that older persons be given preference in the staffing of nutrition projects. As socially important as such a priority may be, it would appear equally crucial that all projects are staffed by competent and qualified personnel. Anything less will run the risk of lowering the quality of the proposed programs and of the service it provides." (p. 90)

It was, and is, a complex program. Management of a food service system has to be coupled with a working knowledge of the social service system in the community as these skills relate to a specific population group—the elderly. Gerontology is transmuted into social nutrition, a field which Title VII did much to invent. If skilled personnel could not be found, the question was as individuals with the potential of doing the job were found, could they quickly, efficiently, and effectively be made competent project directors and staff?

Again, the report on Title IV programs tells us that:

". . . from the experience of several Title IV projects, there is a dearth of both professional and voluntary personnel who are experienced and skilled in the various facets and operations of a community-based nutrition program for the elderly. This shortage is sure to be accentuated in the early months, at least, of the operation of the new Title VII nutrition program" (p. 92).

The very success of this new program in nutrition was closely tied to the development and training of staff—both from among the elderly themselves and within the professional community as well. And because the program was new and because the program was going to begin at a 100 million dollar level, a short-term training program was as critical as the long-term supportive training effort. The report continues:

". . . there seems to be a clear indication of both short-term and long-term training being made available to both professional and para-professional personnel, including volunteers, who will be participating as staff in the new Title VII program. Many of the Title IV project reports cited the need for considerable prior orientation of staff as well as the need for a continuing in-service training program for both paid and volunteer staff." (p. 92)

There was an urgent need for short-term training—training that would orient the project directors of these new Title VII projects, to their social role as well as equip them with the basic and varied skills of operating such a program.

Three important steps were taken no meet the need. AoA first gave training a clear priority. For the States, these Title VII regulations were set:

STATE TITLE VII REGULATIONS

1. The States must provide training for their state agency staff. (*Regulations* 909.19)

2. The States must release state agency staff to participate in the training provided by AoA for nutrition project directors. (*Policy* 10.3)

3. The State must budget state agency administrative funds to finance training. (*Policy* 10.3)

4. The State must assure that the local projects carry out their training responsibilities.

Local projects, according to the regulations, must:

1. Provide for in-service training for all Title VII staff. The training must be designed to enhance staff performance as related to specific responsibilities of each staff member. *(Policy* 21.7)
2. Project budget will provide an amount of funds sufficient to conduct in-service training.
3. Project director must attend AoA training. *(Policy* 21.7)

The second step was an AoA training program to implement the training priority. Title VII projects would have competent staffs. Oregon State University was awarded a grant to develop a "Guide to Effective Project Operations." This Guide became the basic working manual for all project directors. Once it was developed and tested, the Administration on Aging funded five centers (noted above) to train the new project staff. These centers conducted residential two-week training sessions for project directors, some major site supervisors and selected state staff.

The second step is crucial, for it allowed staff development across the country to occur at the same time under similar conditions. Project directors and key Title VII staff began their program experience learning the same major concerns and the same basic skills. The result is a genuine commitment to a significant social program. Oregon State University's *Guide* provides a clear and useable knowledge base of the program. The short-term training presents the knowledge in a structured format which pinpoints the skills to be developed. The residential experience established the environment where commitment and enthusiasm for the program developed among the new project directors, upon whom the success the program absolutely depended.

The third step is a sustained in-service training program of staff and volunteers by state and local project directors. The continued development through training of the staff is essential in a successful management program to reduce turn-over, improve efficiency in project operations, and maintain morale of staff, both paid and volunteer.

To assure adequate in-service training resources for both state and local project directors, AoA directed the short-term training centers in the second year to assist state agencies to focus on staff development and training needs. As part of this effort, Oregon State University and the consortium of Short-Term Training Centers are developing four workbooks for local project directors and Title VII State staff.

A Training Guide.—A guide to effective development of a Title VII staff training program.

A Site Manager.—Modeled after the Green Guide for Project Directors, it will be a practical handbook for all site managers and a good training tool for project directors.

A Nutrition Education.—Program and curriculum ideas for conducting nutrition education with and for the Older American at Title VII site and at home.

Project Council Guide.—Leadership education programs for older Americans who help direct Title VII projects which helps define policy and advisory roles and suggests mechanisms to implement them.

Short-Term Training

This training guide for project directors is a "short-term" training effort. That is, it is designed to support the local director and the state staff as they work with local projects. It is a practical training handbook of how to help adults work better. It does not pretend to be a university course on either nutrition, or gerontology, or management. It will give you the training mechanisms to do effective staff development as part of several management resources available in developing a nutrition program for the elderly.

Training and technical assistance are different faces on the same coin. Both are methods by which an agency or corporation can:

1. Transmit policy goals and program objectives to individuals through administrative layers;
2. Transfer operational, organizational and administrative skills from one level to the next—or across geographical distance—to insure effective and efficient program management.

Training, which is used here in the sense of short-term training, is not the same as education—or long-term training. Education builds individual skills without specific reference to organizational goals or objectives, except in the most general sense. Education increases the individuals' intellectual, social and technical capacity. To the extent that education orients the individual to succeed

within an organizational framework, it further improves the ability of an institution to achieve its goals and objectives.

Training and technical assistance also differ, but primarily in the size of the audience. Training is an activity which relates three or more persons to a trainer, while technical assistance is an activity conducted one-to-one, or two-to-one. Both training and technical assistance focus on people—or staff—and programs; or, more particularly, on problems which must be solved in this people-to-program relationship to achieve an expected level of performance. Both are based on person-to-person relationships and neither succeeds as well in the abstract as in personal contact.

Short-term training is a problem solving instrument. The process of implementing policies and goals—either of which are subject to change—involves establishing programs, creating agencies, developing staff and a host of other organizational and management activities. As a dynamic process, it generates an ever changing set of problems which training can help resolve, modify or eliminate.

In its most complete form, short-term training embraces the concept of organizational development where training, technical assistance, interpersonal relation skills, planning, management development and service implementation are joined to achieve an effective organizational whole. The shaping of a training strategy, however, will not only be influenced by the need for organizational capacity, but also by policy goals and program objectives. In this sense the unique character of the Administration on Aging, and the agency charter in the Older Americans Act impose special conditions on any short-term training strategy.

The Administration on Aging, like any conventional Federal agency, is responsible to the Congress for using its resources of staff and money to implement the Act. However, the goal of the Act is to improve and enhance the lifestyle of older persons where they live, which means the agency must have a visible impact in the community and neighborhood. Within the Federal system, AoA must insure that State and local agencies are capable of demonstrating to the older person—and to the Congress—that the agency makes a worthwhile and noticeable difference.

In this respect, AoA is the base of an organization pyramid, and not its top. The State agency provides the middle portion that ascends to the peak, which is the local community agency. Using this analogy, the role of the Federal agency is to support the State agency and, through the State agency, extend support to the community agency—the direct link to the older persons and their needs.

State Agency Role

The training strategy which underpins an effective organizational whole in this context must insure that both area agencies on aging and Title VII projects have the management skills and administrative capacity to sustain the responsibilities which the Older American Act places upon them. Since the Administration on Aging is responsible ultimately to the Congress, but at the same time, the State agencies have sole jurisdiction over local units of government, the training strategy must identify specific roles for both Federal and State agencies. A principal role of the State agency, in the broadest sense, will be to provide training and technical assistance to enable local agencies to gain the necessary administrative and management skills, with backup support from the Federal regional office[1] to do the following tasks:

1. Develop an administrative capacity, especially bookkeeping and information systems adequate to the needs of the local agency;

2. Gain skills in community organization sufficient to effectively advocate the interests of older persons, to identify and secure the services which older people need the most, to negotiate for those services with other local agencies able to deliver them, to mobilize other community resources, and to relate successfully to local political forces;

3. Recruit, organize, train and supervise a staff capable of developing a program of aging services that makes a difference in the community;

4. Plan and budget a program of aging services which can be delivered by or coordinated through the local agency;

[1] This paper assumes the regional office is the primary Federal contract with State agencies.

5. Communicate the purpose of the local agency to other community agencies, and to the public;

6. Rationalize the roles of the Area Agency and the Title VII project to enable both to work together in improving community services;

7. Develop leadership skills among the older people who participate in the local agency programs to set community program objectives;

8. Strengthen contracting skills, particularly in the evaluation and monitoring of sub-contractors;

9. Establish information and referral programs, or to strengthen existing I & R programs to better serve older American needs.

These skill needs, in order of their priority, are the immediate set of major organizational and operational problems which local agencies need to solve. They are the training and technical skill objectives which must guide a training strategy within the next six to 12 months. A year from now, the basic training strategy likely will change because the set of problems at the local level easily could be entirely different than those which exist.

A State agency not only must provide training and technical assistance resources to local projects, but also must equip itself to perform the same general range of organizational and operational tasks which are expected of local agencies. The Federal regional office should gear its training and technical assistance capacity to underpin these functions:

1. Support for area agencies on aging and Title VII projects, including skill in monitoring and evaluation and in delivering or providing training and technical assistance;

2. Develop effective organizational and operational skills internally, including the recruiting, organizing, training and supervising of staff to achieve clearly defined goals;

3. Establish regular and effective communications with local agencies, other state agencies and with the general public;

4. Build and strengthen program relationships with area agencies and Title VII projects at local levels, and with other State agencies;

5. Set up bookkeeping and information systems which develop adequate fiscal safeguards and generate regular information flow sufficient for the State agency;

6. Prepare a State plan, including a program budget which can be considered a reliable guide to agency programs and policy direction;

7. Develop contracting procedures, including monitoring and evaluation, for use with area agencies and other state and local agencies, private and public.

8. Develop procedures, including guidelines and other standards, which will enable local agencies to clearly understand the State criteria for allocating funds to local agencies;

9. Secure other State or local resources which can be mobilized for use in aging services.

In summary, the Federal regional agency should consider itself the primary resource which State agencies can utilize in building the State component of an organizationally whole system of aging services. While the Federal regional office should also be available to support the training and technical assistance needs of local agencies, the primary decisions on these needs should be left to the State agency. The Federal regional office should not assume a passive role in this relationship, however, since the Congress holds AoA responsible for effective implementation of the Older American Act. For example, the Regional office should provide, and AoA should require, introductory training to the role of area agencies and of Title VII programs as defined by the Congress and as determined by AoA.

PREPARED STATEMENT OF MARYANNE STATON

Mr. Chairman, members of the subcommittee, I am here to speak about an area in which I have deep personal and professional commitment—short-term training which has as its ultimate purpose a goal—helping elderly individuals live their last years in true dignity with as much personal satisfaction and independence as possible.

The process, or road involved in reaching this goal from training, to an impact on the lives of older persons is long and complex. It has many wrong turns which can result in not reaching the destination at all—or simply going only part of the way.

I am convinced that short-term training should receive a high priority in the planning and allocation of aging monies. I have this opinion:

1. Short-term training is designed to have an immediate impact, to affect the programs and the people for which Congress is appropriating money *now* and to maximize the effectiveness of these resources. Short-term training does not require years to build up to the capacity to respond;

2. It can be clearly oriented to *specific* AoA objectives;

3. It can reach all levels of program implementation from AoA to the State program specialist, the local program director, the I & R specialist, or the outreach worker.

I am convinced that short-term training is perhaps the only way, particularly at this point in time, to maximize the use of aging funds and staff—that is, to get assistance to older people immediately. I am well aware as I suggested earlier, that providing effective training is a difficult task. My concerns center around the complex task of actually affecting behavior—of providing learning experiences which are meaningful and useful to the person in the job they are trying to perform.

Designing and carrying out training which will result in better job performance—whether it involves changes in skills or knowledge or attitudes, or all three—is not easy. It involves, first of all—the coordinated effort all the way from AoA to the training and to the person being trained. This means there must be fairly clear definitions of training needs.

First of all, there must be a clear definition of training needs, both as perceived by program staff and as perceived by the trainees to insure that objectives are articulated and shared. No appropriate learning can take place unless the individual being trained feels it is important to his or her performance on the job.

Secondly, it means that for most training, the persons doing the training must not only share expertise on a certain subject area, but also will often need to have intimate knowledge of programs, or the nuts and bolts of program operation.

Thirdly, learning experiences must be structured in ways that are particularly appropriate to adult audiences. Short-term training is a unique brand of adult education, and requires skills of a particular kind.

Fourth, short-term training must address itself to many audiences—at different levels of program implementation. These must be clearly identified and grouped with reasons and logic to make training maximally useful.

Fifth, development of resource materials must be considered an important component of training, serving as an extension of training over a longer period of time and providing a resource at the community level where training often does not touch.

Perhaps defining these five conditions for effective training has helped to point out the difficulty of the task. My own experience of the last two and one half (2½) years, mainly with Title VII training has led me to believe that often State offices, and, even more frequently, educational institutions, do not recognize the complexity of short-term training, and even when they do, they do not know how or when to seek the assistance they need.

Briefly, I am saying two things: I strongly believe that short-term training is one of the best means of assuring programs are effectively carried out. But, I am also equally convinced that with it must go assurance that assistance in the design and implementation of training be a required component of training plans.

Senator CHILES. Our next witness will be Mr. Walter M. Beattie, director, All-University Gerontology Center, Syracuse University, and president, Association for Gerontology in Higher Education.

Welcome to the committee, Mr. Beattie.

Mr. BEATTIE. Thank you, Mr. Chairman. I have a prepared statement which I will submit and ask it be made a part of the record, and say a few words.

Senator CHILES. Your prepared statement will be made a part of the record.*

*See p. 198.

STATEMENT OF WALTER M. BEATTIE, ALL-UNIVERSITY GERONTOLOGY CENTER, SYRACUSE UNIVERSITY, AND PRESIDENT, ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION

Mr. BEATTIE. Our Association for Gerontology in Higher Education comprises some 60 university, 2-year and 4-year college related programs offering curriculums and training in gerontology, and indeed we do appreciate your personal leadership, and that of the Senate Committee on Aging, in calling attention to training needs and the need for Federal support.

As you know, we have spent the last 2 years, since the 1974 fiscal year budget, fighting almost a rear guard action for survival in terms of impoundments, now rescissions, and zero requests by the administration for continuation for funding.

This has been a great constraint to persons such as myself who are trying to build academic commitments, not only in our own university but across the country, when we find that our time has to be spent on what we think should be a higher priority to Federal commitment.

I have done an assessment of the $8 million appropriation, of moneys which we hope will not be rescinded, and in looking at this based on the past allocations of the administration, and looking at just the 50 States, not taking into account Puerto Rico and the territories, we find this would come to $72,000 for each State as a Federal commitment, and this is in my prepared statement and spelled out.

I was very interested, as I heard Commissioner Flemming, that my own figures are comparable to his and are based on the same assumptions which have been past assumptions of the administration.

It will be very tragic if we continue to separate short-term training from career training in our funding strategies. We should consider it as continuing education in the field of aging.

I think we must be concerned with the future, the growth of the aging population, and the service needs. At the same time, there has to be responsiveness to the here and now. Many of our university programs are indeed responsive in the range of training and educational programs they offer. I would only illustrate by making my own; in Syracuse in the past year we have offered short-term training in terms of the legal service delivery system for the aging, the environmental area, social service delivery, health, title III, and we are now launching State executive leadership training. This means working, not only within a geographical region, but at times responsiveness to the national level.

What I am trying to indicate is there needs to be a critical mass of competency. We cannot train only for work related tasks. Persons have to move with changing situations and changing frameworks, both of knowledge and of service delivery.

This is why we pleaded for not only maintenance of training, but also of expansion. In my testimony I request the Congress to consider not the present level of funding, but expansion to the level of $15 million, which indeed would still be a small amount as contrasted to the need of personnel currently serving the aging, older

persons themselves seeking new careers, and building career commitments with the young.

Career Commitments to Aging

We have had unusual experience in working with students in career training, to see their commitments to the older person, and see them placed into very responsible positions of leadership in the field of aging.

I would like to only add an addendum here that I hope, while we are addressing the Administration on Aging, we do not forget the National Institute of Child Health and Human Development, and I, in the past, have served on its Advisory Council, and the emerging National Institute on Aging, because we also have to train the trainers, and give attention to research training. So I would like to only tag that to my testimony as an ongoing concern of academic institutes.

We are concerned with applications, and with knowledgeability.

When we look at such crises in nursing home scandals, in my own State, New York, and in many other States, it seems to me, as I examine that, that much of the critical question is not only related to fiscal accountability, but also of quality and knowledge of personnel. This will not come about if they do not have the knowledge with which to deal with the needs of the aged.

I would also like to suggest a great concern in regard to the increasing trend of the administration to move from grants to contracts. Through contracts, we have a very tenuous existence, and we are not building a long-term commitment in the field of aging.

As I said, the testimony here is in writing. I would rather leave it with you, and, if I may, I would like to respond to any questions you may have.

Senator Chiles. Thank you very much. You stated that the Association of Gerontology in Higher Education represents about 60 nationwide, 2-year and 4-year institutions.

Mr. Beattie. And graduate programs.

Senator Chiles. Is there a growing interest in gerontology throughout the institutions of higher learning, and do you see more and more institutions developing aging programs in both long-term and short-term training?

Mr. Beattie. Yes; as I indicated in my testimony, the requests for technical assistance is growing in colleges and universities, by their administration and faculty.

I think I could spend half of my life on airplanes traveling to other campuses, the demand is so great.

The Critical Question

The critical question, after they meet and want to make a commitment, is what kind of beginning support can we have that we can receive from the Federal Government to start up programs in order to build long-range commitments on their part.

There is no question in my mind of the interest. However, as I state in my written statement, the question of discrimination against women can also be likened to discrimination toward the aging.

Age-ism has served as a blinder to higher education in its not recognizing that education must go beyond the young; that institutions of higher learning should be relevant to the social issues identified with aging in our society.

Postsecondary education is only now discovering this, but, as you know, support from the Federal Government to institutions of higher education in the field of aging has been within the last 10 years—title IV of the Older Americans Act has been only for the last several years. The majority of training and educational programs in aging are, therefore, exceedingly vulnerable in their position in the universities, and with the increasing financial problems facing universities, they are the most tenuous and need the greatest nurturing both through resources and through leadership.

Senator CHILES. It is my understanding that Syracuse University serves as a regional center of gerontology and training. Is this formula effective and is it able to serve the entire region sufficiently?

Mr. BEATTIE. We are working right now with Puerto Rico, the Virgin Islands, the States of New York and New Jersey, and we think we have been most responsive.

They share with us their manpower needs and participate in the design of the curriculums in the area of continuing education. In areas such as the Virgin Islands where resources are very scarce, our faculty and resources are helpful in building local competencies such as through our work with the College of the Virgin Islands.

Last year we sponsored a faculty and curriculum development workshop for some 56 faculty and administrators from there as well as from the colleges and universities of Puerto Rico in the area of aging.

This has led to the formation of an interuniversity council on gerontology in Puerto Rico which is now, with the help of Syracuse, developing educational resources for their own agencies who provide service to elderly Puerto Ricans.

We do not see our type of structure taking over the roles of other universities and colleges. We become a resource to assist them in developing strengths to respond to their own local needs, and we find this to be a very exciting and very important development.

Senator CHILES. I note that there is some competition between the proponents of long-term training and those of short-term training. I would like to have your comments as to where the relative merits of each are, and which is more important of the two.

Mr. BEATTIE. I do not think we can say that it is an "either/or" proposition. Certainly there is a great need for the personnel now working with the older persons, who have never had any preparation, to have short-term training in the area of aging. However, I am most concerned with the fact that so much of short-term training is focusing on training for carrying out Federal regulations and is task-oriented. Rather, such training must help personnel of services to the aging move with the changing nature of knowldge and programs for the aging and help in their development.

I think, therefore, it has to be both. But we must also pay much attention to the trainers of the trainers, because again, as I say in my testimony, so often we have the situation of the blind leading the blind.

Continuous Education Needed

This is not castigating our present short-term training program; but in my judgment, there needs to be a view of continuous education for those who are in service delivery, where short-term training can serve as a means toward their being, over time, credentialed and competent for career commitments to the aging, including, if you will, the attainment of academic degrees.

We are developing at our center at Syracuse, external degree programs where persons can begin to have preparation in gerontology without having to come to the university, but really that the university can reach out to wherever they are, and support them through the provision of a knowledge based on skills and values that are so essential in meeting the needs of our older population.

I do think, however, that we must pay attention to building a foundation of higher education so we can continue to have responsive, short-term training programs.

I think I mentioned before the need for expansion of Federal support of education in the field of aging so that we are not playing one form of education against the other. I do not see how we can redress the omissions of the past without some short-term training as well as a commitment to the support of career training in gerontology.

Senator Chiles. Thank you very much. We appreciate your testimony.

[The prepared statement of Walter M. Beattie follows:]

PREPARED STATEMENT OF WALTER M. BEATTIE

Senator Chiles and members of the Senate Committee on Aging, this morning I am speaking on behalf of the Association for Gerontology in Higher Education which is a national voluntary association of approximately 60 university, 2-year and 4-year college related programs committed to the development of training programs in gerontology. I have appeared before you and the committee over the past several years because of the continuing crises we in higher education have experienced in responding to the educational and training needs of students of all ages who wish to prepare themselves for careers in direct services as well as in the planning and administration of services for the aging.

At the time of its enactment, it was envisioned that title IV–A of the 1973 Comprehensive Services Amendments to the Older Americans Act would provide, for the first time, a means for educational institutions to develop academic programs responsive to the needs of our aging population. Over time, it was hoped such programs would become the ongoing responsibilities of such institutions. Each year, however, through the action of the administration and its Office of Management and Budget, we have experienced impoundments and attempts at rescissions of moneys appropriated by the Congress. Each year we have also faced uncertainty in planning and developing our programs through the administration's failure to include funds for title IV–A (training) and title IV–C (multidisciplinary centers) in its budget. This is the present case in regard to President Ford's fiscal year 1976 budget.

We have appreciated the continuing concern of the Congress and the leadership of the Senate Special Committee on Aging in calling attention to the need for training if we are to provide qualified services to older persons. This, we believe, was the intent of title IV–A. However, as you know, we have also experienced a decline in Federal support from fiscal year 1974 when the appropriated sum was $10 million and which was subsequently reduced to $9.5 million, to $8 million for fiscal year 1975, for which President Ford has requested a congressional rescission.

In most recent years more and more 2-year, 4-year and graduate educational programs are seeking ways to provide educational and training programs in

gerontology as they become aware of the significance of aging and its increasing impact on the society and the lives of millions of persons in the years ahead. However, there has been a continuing reluctance on the part of the Federal Government to respond with the essential resources to assure competently trained personnel to meet such needs, despite the increasing numbers of older persons and the services which are required to meet their varied and complex social, environmental, psychological, health, and economic needs.

Universities and colleges are attempting to respond to such needs through the development of educational and training program at all levels, including short term, continuing education, and career-line education. Students have been most responsive and are actively seeking careers in the field of aging. We have had exceptional experience not only in recruiting qualified students but equally so in seeing them move into responsible jobs and careers in working with our aging population. However, our present resources cannot scratch the surface of need. If, for instance, the Congress does not support the President's request for a rescission of the $8 million for title IV–A and these moneys are allocated for training, and if the administration, as it has in the past year, reserves approximately 10 percent for administrative discretionary use and allocates half of the remaining funds for short term training, there will remain $3.6 million for college and university programs in the States and territories. If, however, we divide this sum by only 50 States, and do not even consider the important needs of the territories and Puerto Rico, there will be only $72,000 for each State.

As you are more than aware, with inflation and the increased cost of higher education, this amount will not go very far in a single institution of higher learning, let alone be responsive to the training needs in the field of aging throughout our land.

In addition, each year those of us who would provide leadership, not only within our own academic institutions but equally so on a national basis, find that much of our energies must be devoted to the crisis of uncertain futures due to the stance of the administration. We are dealing from fiscal crisis to fiscal crisis. The increases in our aging population will not go away. The failure of education in the past to recognize that persons grow old means that we are not only responding to present and future training needs, but also to past neglect. There must be content in aging at all levels of education and special preparation, not only for those who would serve the aging, but opportunities for lifetime learning for those who wish to continue to grow intellectually and socially throughout their lifespan. This means that higher education is redressing a neglected area much as we, as a society, have in the past failed to include the needs of minorities and women in our training and educational programs.

New Programs Should Be Nurtured

Age-ism has created intellectual blindness and barriers in higher education as in all of our social institutions. It has been less than a decade that the Federal Government has provided support for educational and training programs in aging. Such programs, therefore, are exceedingly new and vulnerable and require continuing nurture. Over the past several years I have had the opportunity of meeting with faculty, administration, students, and at times, the elderly in a number of States and communities. They have invited me to work with them in the development of training programs in gerontology. One of the critical questions that has arisen in all such considerations has been that of available resources at the Federal level to enable them to get started. This has occurred in my work with numerous 2-year, 4-year and graduate programs in all sections of the United States. There is no question in my mind as to the need.

Finally, I would like to address myself to the Federal administration's apparent continuing decision to separate short-term training funding from career funding. It has been the experience of many of us who are committing our lives to the field of gerontology that a large proportion of Federal moneys directed to short-term training are allocated to the States who, in turn, allocate them to communities. This approach builds very little commitment toward the future. It is also a questionable approach for the preparation of personnel to adequately serve the aging. Much of this "training" is offered as a means of preparing persons to administer or carry out Federal regulations at State and local levels. All too often such "training" is offered by persons with little or no competency and capability in training.

I would like to suggest there is a need to relate, wherever possible, such short-term training resources to institutions of higher education in order that short-term training be related to continuing education needs and lead toward career commitments with the aging.

The Federal goal should be to build centers of competency in training and education in aging in each Federal region. Such centers, in turn, can be responsive to the short-term, as well as the career, training needs of the field. Because of the scarcity of financial, faculty, and facilitating resources, there is a need to build a critical mass of competencies where a variety of disciplines and professions can work together. I stress this because gerontology is a multidisciplinary field, much as the needs of older persons are multifaceted. Colleges of law, schools of architecture, social work, nursing, medicine, public administration, departments of biology, psychology, and sociology, to name a few of the more critical areas of higher education, must develop core and common curriculums, as well as offer disciplinary specialization in the field of aging. They must also be responsive to the short-term training needs of today's generation of persons working in the field of aging. This cannot be done effectively if we are going to continue to reduce our commitments by fragmenting scarce resources through the separation of short-term training from career training. We must strengthen our commitment to such education and training in gerontology by developing funding strategies which will provide for a maximum use of scarce Federal dollars on a long-term basis.

I have, perhaps, gone into too much detail in regard to the need for ongoing commitment and expansion of Federal support for training and education in gerontology. I have done so, however, because of the critical urgency I see, along with numerous other educators, for the continuing expansion of education and training opportunities in the area of aging. The Association for Gerontology in Higher Education urges congressional leadership in not responding to President Ford's request for a rescission of training moneys and for inclusion in the fiscal year 1976 budget increased appropriations to enable us to continue and to expand our programs for preparing persons on a short term and career basis in working with the aging. We would, therefore, request that an appropriation of $15 million for title IV–A which again, if divided among the States and territories, would, indeed, be a small response to an exceedingly great need. We would also urge the Congress to follow up on its intent in the 1973 Comprehensive Services Amendments to the Older Americans Act by funding title IV–C, multidisciplinary centers, in order that there can be within each Federal region a multidisciplinary gerontological program of education, research, and service which, in turn, can give leadership to other colleges and universities as well as to service providers and to the aging themselves.

Senator CHILES. This will conclude our hearings for today, and we thank the witnesses for appearing.

[Whereupon, the hearing was adjourned at 11:10 a.m.]

APPENDIX

ITEM 1. STATEMENT OF DR. JOHN E. TIRRELL, VICE PRESIDENT, GOVERNMENTAL AFFAIRS, AMERICAN ASSOCIATION OF COMMUNITY AND JUNIOR COLLEGES

Mr. Chairman, this statement is made to the Special Committee on Aging on behalf of the more than 1,000 community colleges in the Nation, which now enroll more than 3,500,000 students.

We were pleased to learn from Commissioner Arthur Flemming's testimony before this committee on March 7, 1975, that if the administration-requested rescissions did not go through, the Administration on Aging planned to spend $3.5 million of the funds in question on career programs in gerontology as authorized by title IV of the Older Americans Comprehensive Services Amendments. We believe that trained personnel in the field of gerontology are urgently needed and thus happily note that now that Congress has disapproved the rescission request, the $3.5 million will have to be spent.

However, we were disappointed to learn that, according to the plans outlined by Dr. Flemming, the $3,500,000 will probably go only to 27 4-year colleges and universities which previously received grants from the Administration on Aging. In view of the increased commitment of community colleges to addressing the needs of the elderly, we had hoped that Dr. Flemming would explicitly identify community colleges among those institutions eligible to participate in this program.

A year ago we made inquiries to staff of the Administration on Aging concerning the availability of funds for training activities but were repeatedly told that there would be no training grants. We later learned that more than 30 universities received training funds.

The fact that the Administration on Aging has not included community colleges as institutions eligible to participate in the title IV funds for career training and development activities may be simply an oversight. However, we have found that many of the budgetary decisions of Federal agencies are made on the basis of previous or habitual actions and not on an analysis of present and emerging needs. We hope that this statement may awaken observers to the fact that community colleges have well-developed training capability for needed personnel in the field of gerontology and are deserving of an allocation of funds under this program.

CAPABILITIES OF COMMUNITY COLLEGES

Obviously, we disagree with the notion heard in the testimony before this committee that only university gerontology centers or regional gerontology centers are capable of meeting the short-term and long-term personnel needs of the service systems addressing the needs of older persons. A recent publication by the Administration on Aging identified over 300 community colleges that have programs serving the aging.

Many community colleges have programs preparing persons for careers in the human services, allied health, food service, nutrition, recreational leadership, and management, among other career areas. These resources may be easily tapped to close the personnel gap that exists in the field of aging. Modifications in courses and course content may be easily made to give students those elements of gerontology pertinent to the needs of persons who work with the elderly.

Generally speaking, community colleges are easily accessible to a wide range of persons, including older persons interested in retooling for a second career. The training opportunities are available on a commuting basis right in the communities where the need for training exists.

The teaching staffs of community colleges consist of persons from virtually

every discipline—psychology, economics, sociology, biology, law, management, political science—and focus on the interrelationships of their disciplines to community problems.

Further, because of the emphasis on community linkages, many community colleges combine training with work experience and volunteer service. Through such an arrangement, the trainees provide valuable services to target populations while acquiring valuable experience. This is a very appealing aspect of the career training programs of community colleges.

It should be noted that community colleges are often financed almost exclusively from local and State funds. This permits these colleges to regularize programs once established with Federal funds. This leverage effect of Federal funds would permit the funds of the Administration on Aging to go to new uses rather than to permanent support of programs.

We have encountered this lack of understanding about community colleges before and let me briefly outline what action has been taken by Congress.

One of the first was in the Higher Education Facilities Act of 1963, when a minimum of 22 percent of the funds for undergraduate facilities construction (title I) were designated for 2-year colleges. This was raised to 24 percent starting with fiscal 1969, in view of the expanded percentage of students enrolled in 2-year institutions. This directed millions of dollars to construct and expand community colleges in the last decade.

In 1968 the Congress, in amending the Vocational Education Act of 1963, included a minimum setaside of 15 percent for postsecondary programs. As a result of this action, occupational programs and enrollments exploded in community colleges. In vocational education legislation currently under consideration in both the House and Senate, this setaside for postsecondary vocational education programs is proposed at a minimum of 30 to 40 percent.

In title III (aid for developing institutions) of the Higher Education Act, as amended in 1972, Congress again assured the 2-year colleges a minimum percentage of those funds. It was again pegged at the earlier percentage of total enrollment (24 percent). This again has provided many millions in Federal funds for community and junior colleges and technical institutes.

COMMUNITY COLLEGE SETASIDE REQUESTED

We, therefore, are requesting that this committee take action to earmark a minimum of 25 percent of the amount that eventually is designated by the Administration on Aging for career training for use by community colleges. If $875,000 of the funds are set aside for community colleges for the training and development of paraprofessionals, technical personnel, and other persons for careers in occupations needed to address the needs of the elderly and for upgrading and updating the skills of persons currently employed, we would anticipate that grants of $15,000 made to community colleges would activate more than 50 institutions in addressing the personnel needs associated with the service needs of the elderly.

We find that a setaside is often the only way community colleges break into a closed club, which seems to us to describe the university gerontology circle.

Whether the objective is preparation for career-related services for the elderly or improvement of persons already employed in such positions, community colleges represent an important alternative to the current approach of the Administration on Aging that required annual support of a limited number of university gerontology centers. To mobilize the resources of community colleges, we request that a setaside be established and that this setaside be an integral part of the appropriation. The direct participation of community colleges in the grant program of the Administration on Aging would open up needed alternatives in training personnel. We believe that such action would significantly improve services for the older Americans.

ITEM 2. STATEMENT OF CLAVIN FIELDS, DIRECTOR, INSTITUTE OF GERONTOLOGY, SCHOOL OF CONTINUING EDUCATION, FEDERAL CITY COLLEGE, WASHINGTON, D.C.

Senator Chiles, I am Clavin Fields, Director of the Institute of Gerontology, School of Continuing Education, Federal City College, Washington, D.C. The

experience of our institute points to the importance of support from the Federal Government for training and education in gerontology.

The institute was established as a result of a planning grant from AoA in 1971; it is now a going institution presenting course offerings at undergraduate levels, a program of short-term training thru classes and institutes, and beginning a series of special courses for older adults. The institute offers a technical assistance service to the community such as grant writing, consultation, program planning, as well as participation of the staff as workshop and discussion leaders, speakers, etc. The institute serves the State agency wherever possible and is now carrying out a State training plan which was designed by the institute a year ago. A significant research and service project on supplemental security income participation by older persons in the District of Columbia is about to be launched under the auspices of the institute in cooperation with other community organizations and resources including a private foundation.

The thrust of the institute has been to call attention to the problems of poor and minority group elderly, and to train students and workers in aging to be aware of the special problems of this group. As time goes on, the community is becoming more demanding of the services of the institute; requests for training have markedly increased. College departments are becoming interested in gerontology and how it relates to many disciplines. The need for expansion of the institute into the area of continuing education for older persons has also made itself evident in recent months.

Without the support of the AoA, it is doubtful that the institute would have reached the level of training capacity and technical service to which the program has developed. Although the institute is actively working to find other sources of funding and has begun to be supported by the college, it still needs some support from AoA in order to achieve its potential.

Without substantial continuing State and Federal investment in training and education in aging, it is my belief that the moneys allocated to improving the quality of life of the elderly will be less efficiently utilized because of the lack of trained workers and administrators.

Many elderly who are most deprived are minority group members. Therefore, minority group students should receive priority in such training, the better to understand and work with the minority elderly. The level of participation of minority group students in gerontology education and training depends in part on opportunities for stipends; some special student support should be continued for this group in future allocation of training funds to colleges and universities. The minority group students who have responded and contributed most to our program are those who are more mature than the average college student and some are older persons themselves. Most of them must make great efforts to take time away from work and to meet the expenses of further study. Some encouragement in the form of modest stipends is almost a necessity to enable them to complete degree programs. I would, therefore, recommend the inclusion of stipends in the plans for training in gerontology.

AoA investment in aging training has been significant in the past; it is important that this investment be protected by continued assistance to viable and successful programs which face reduction or extinction of their functions without further support from AoA. The future quality of life of older people in this country will be significantly worsened, I believe, without the continuation of some Federal subsidies for gerontological training programs by colleges and universities.

ITEM 3. SURVEY OF THE STATES USE OF TITLE IV-A, OLDER AMERICANS ACT; SUBMITTED BY SEAN M. SWEENEY*

INTRODUCTION

The use of title IV-A funds by the States has been questioned by the long-term training centers, the Administration on Aging, and the regional or short-term training centers. The commentary on the use of title IV-A funds to this time has been based on speculation by the above groups and not on hard data.

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*See statement, p. 187.

This report will show how the States used title IV–A funds, the different types of training provided, the target groups for the training, and who provided the training.

The survey was taken through the use of a mailed questionnaire with one followup. The response rate was 82 percent, or 46 out of the 56 States and territories that received title IV–A funds. This response rate is an indication of the interest in training and in the continuation of title IV–A funding. The States and territories not responding were Indiana, Iowa, Massachusetts, Minnesota, Montana, South Dakota, Utah, American Samoa, Puerto Rico, and the trust territories.

BASIC CONCERNS AND ISSUES OF STATE AGENCY EDUCATION SPECIALISTS

(1) The basic concern of State agency education specialists is for the continuation of Older Americans Act, title IV–A, funding to the State agencies. This (1974) has been the first year of such funding and the first year that the States could purchase training specifically designed for its needs. The rapid increase in Older Americans Act programs has caused the State and local programs to hire a large number of personnel who are not trained in gerontology or in operating grants programs. It is essential for the success of the programs that a strong training program be provided. This training can be provided through intensive short-term or on-the-job training purchased as needed through short-term grants by the State agency.

(2) Training is not an allowable cost for the State agency under titles III and VII of the Older Americans Act. However, at the project level, titles III and VII programs are authorized to purchase training under these regulations. It is imperative that the State be allowed to purchase training under these regulations. This will insure that training is, in fact, made available and that the quality of such training is consistent throughout the State.

(3) Several regional short-term training centers have developed to train personnel working in Older Americans Act programs. They have developed materials that can be used in training at the project level as well as the State level. They are sensitive to the training requirements of the States operational or program units. These centers should be continued and supported by the Administration on Aging.

(4) There has generally been a lack of practical training support for State programs from the Administration on Aging funded long-term training centers. The primary function of these centers is to train students and conduct research, both valid functions which could be relevant to the operational programs in the States. In the past such relevance has usually not existed because long-term training centers have had little contact with the nonacademic environment of administrative agencies and service programs. The research and curriculums of the long-term training centers should become more responsive to the training and research needs of the State and local communities.

ALLOCATIONS OF TITLE IV–A FUNDS BY THE STATES

The total allocation to the 56 States and territories was $4 million. The questionnaire asked how each State allocated these funds using the following categories: (1) Community colleges, (2) university or college, (3) regional or short-term training center, (4) private consulting company, (5) State office, and (6) other. The distribution of these funds by category is:

	Amount	Percent of funds	Number of States
Community colleges	$350,379	9	10
University	1,977,636	49	37
Regional or short-term training center	234,828	5	13
Private consulting	278,172	7	13
State offices	587,860	15	20
Other	117,337	3	11
Not reported	453,788	11	13

	State allocation	Community college	College or university	Regional short-term centers	Used by State office	Consulting private	Other
Alabama	$68,357		$68,357				
Alaska	21,354		21,354				
Arizona	45,823		45,823				
Arkansas	53,947						
California	281,225		167,102	$28,125		$54,123	$31,285
Colorado	47,370		44,000		$3,370		
Connecticut	61,974		15,000	11,000	35,974		
Delaware	26,480					26,480	
District of Columbia	29,962	$23,082	6,880				
Florida	166,362		115,365		20,000	30,000	
Georgia	75,514		30,720		19,100	19,000	6,694
Hawaii	27,350		12,840	6,510			8,000
Idaho	30,155		30,155				
Illinois	175,227		175,229				
Indiana	89,828						
Iowa	67,003						
Kansas	56,365		20,000	20,000	16,365		
Kentucky	67,874		67,874				
Louisiana	65,456		62,456				3,000
Maine	35,958			35,958			
Maryland	65,456		65,456				
Massachusetts	107,623	107,623					
Michigan	128,707		128,707				
Minnesota	76,094						
Mississippi	52,206		32,000		20,206		
Missouri	97,372	30,000	50,000				17,372
Montana	29,865						
Nebraska	44,662		44,662				
Nevada	25,513		16,913	3,600	2,500		2,500
New Hampshire	31,122		31,122				
New Jersey	122,227		47,484	18,148	28,895	17,100	10,600
New Mexico	31,219		28,719			2,500	
New York	296,697		190,000		106,697		
North Carolina	83,348	15,000	42,000		26,000		
North Dakota	29,478				5,000		24,478
Ohio	161,993				161,493		
Oklahoma	62,458		47,458			15,000	
Oregon	52,980	10,776	34,256		5,448		2,500
Pennsylvania	202,403	60,000	100,000	36,000	6,403		
Rhode Island	34,701	600	750	8,290	19,220	2,901	2,840
South Carolina	46,691	13,500	3,000	5,578	18,189	1,356	8,068
South Dakota	31,025						
Tennessee	76,481		76,481				
Texas	167,489	79,798	26,000			61,611	
Utah	31,606						
Vermont	26,577			26,577			
Virginia	75,224				45,000	30,224	
Washington	66,520	10,000	12,853		33,400	9,927	
West Virginia	47,950			30,000	10,000	7,950	
Wisconsin	86,056		86,056				
Wyoming	24,352		20,000		4,500		
Samoa	10,193						
Guam	10,290			5,000			
Puerto Rico	47,177						
Trust Territory	10,677						
Virgin Islands	10,484		10,484				
Total	4,000,000	350,379	1,977,636	234,828	587,860	278,127	117,337
Percentage	100	9	49	6	15	7	3
Not reported 453,788 or 11 percent. Number funded by category	56	10	37	13	20	13	11

It should be noted that when the totals of the community colleges, universities, and the regional training centers (some are located at universities) are combined, better than 60 percent of these funds went into the higher education system. This figure should dispel any feelings that the States did not support the higher education system with title IV–A funds. The opposite seems to be true with each State developing an interest in gerontology within its own State system through involvement in Older Americans Act programs. Most States cannot support a major center for aging with Older Americans Act funds, but they can develop an awareness of gerontology through small grants to schools within each State. So, while the States did not always support established long-term training centers, they did accomplish a wide distribution of funds to a variety of higher education institutions and at the same time were able to purchase the specific educational programs they needed to provide short-term training of program personnel.

The regional or short-term training centers received only 6 percent of these funds. These centers have been responsive to State and local program training needs and the materials developed have been relevant for State and local use. The small amount of funding received by these centers emphasize the need for continued support from the Administration on Aging. They are providing a vital educational service to the States and local projects which long-term training centers have generally not provided.

Private consulting companies received 7 percent of the title IV–A funds. The companies funded are all in the training and development field and function in many cases as a regional or short-term center. The survey did not show any use of the funds for other than training.

It appears that the title IV–A funding was utilized as intended and for higher quality programs than has been suggested by other groups. This has been the first year of such funding to the States and the first year that the States could purchase training designed for specific needs. The one weakness in the use of these funds was the lack of a strategy. With this in mind, it should be noted that the States have a deep commitment to the stated purpose and objectives of the Older Americans Act.

TRAINING STAFF STATUS

Nineteen (19) States have reported that they have a full-time person in training. Thirteen (13) stated that a full-time trainer is needed. This indicates an awareness of the need for a strong training program at all levels.

With the increase in funding levels for titles III and VII a tremendous growth in programs has occurred. The increase in staff—professional, para-professional, and volunteer—has created a need for short-term training. With such growth occurring, finding trained personnel for new programs has been impossible, and State and local programs have had to hire personnel who have little knowledge about aging and operation of government programs. In order to maximize services and use of funds a strong staff development program must be provided.

FUNDING OF AREA AGENCIES WITH TITLE IV–A

The question was asked if the States thought that title IV–A funds should go directly to the area agencies. All of the States answered in the negative to this question. The area agencies can use titles III and VII to purchase training. Since the States do not have this option, the only funds available to the States for training are title IV–A. This could cause a major problem if title IV–A is dropped. The States should have access to titles III and VII funds for training if this should occur.

TARGET GROUPS BEING TRAINED

The purpose of this question was to obtain a picture of the different groups being trained through the use of title IV–A. The categories used were: (1) State staff, (2) area agency staff, (3) nutrition of title VII staff, (4) project staff, (5) direct service providers, (6) the older person, and (7) other. The following figures indicate target audience and the percentage of States which provide training to this target audience.

	Percent of sample	Number of States
State staff	87	41
AAA staff	81	38
Nutrition staff	85	40
Project staff	85	40
Direct service providers	62	29
Older persons	43	20
Other [1]	45	21

[1] Advisory boards, nursing home staff, educators, students, legislators, retirement planning, county commissioners, RSVP, housing administrators, clubs and centers staff, volunteers, library, private agencies, church organizations, hospital staff, and health professionals.

The above figures indicate the broad range of target groups that are being trained. This fact emphasized the great need for training not only for Older

American Act services but for services that are used by or needed by the Older Americans.

WHO DOES YOUR TRAINING?

This question was designed to gain more insight into who is doing the actual training. The expected use of many different sources of trainers is reflected in the following percentages:

Trainers:	*Percent of sample*
State staff	72
Title III or VII staff	38
University or college	83
Community college	30
Short-term training centers	40
Private consultants	40
Cooperative extension	21
Other (AoA or Federal trainers, local resources, U.S. Civil Service Commission, other State agencies)	19

CONTENT OR SUBJECT OF TRAINING

The questionnaire also requested that each State enclose with the questionnaire a copy of its training and manpower development plan. Twenty-six plans were received and from these a representative sample of subject areas can be drawn. The subject areas are listed below by rank order. The first list reflects subject areas that are being presented in more than five of the States. The second list is also by rank order but in all cases the subjects are being taught in less than five States. The second list has been included only to provide complete data for the study.*

*Material referred to in this paragraph has been retained in committee files.